

U.P INSTITUTE OF MEDICAL SCIENCES

DURGAGANJ BILGRAM HARDOI

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M.N. 7565855428 8299643782

Date: 18-05-2023

Ref.No: UPIMS/2023/ OL/0012

To,

Mr. Santosh Kumar Yadav

Subject: APPOINTMENT Letter as a **Lecturer** in ““U.P. INSTITUTE OF MEDICAL SCIENCES”, Village –DurgaGanj, District – Hardoi.

Dear Sir/ Madam,

With reference to your application for the post of **Lecturer** in the above institution and subsequent personal interview, we are pleased to appoint you as a **Lecturer** the following terms and conditions:

- You are appointed on a Pay Scale of **Lecturer (Salary offered Rs. 32000)** You are required to join the Institute at the earliest but not later than two months from the date of issue of this appointment letter or before the commencement of academic session **2022-23** whichever is later.
- You will be governed by the Service and conduct rules of the Institute / Trust Affiliating University/Board/PCI enforced from time to time.
- The nature of appointment will be on probation for one year which may be extended up to one year more, if management is not satisfied with the services in the first year. During probation period management reserves the right to terminate the services of the employee without assigning any reason. while the employee must furnish one-month prior notice in case of leaving the job or one month salary in lieu thereof.
- Your appointment is based on the information giving by you in your Bio-data.
- If at any time the information given is found to be incorrect or concealed your service shall be terminated with immediate effect without giving any notice or salary in lieu thereof.
- You shall not leave job during mid-session.
- This offer letter for your joining is purely temporary subject to approval of State Govt. and concerning bodies.

Thanking you.

(Secretary)

Copy to:

- Personal File
- Accounts Department

Annexure-C

1. I **Santosh Kumar Yadav** give my consent to join as Teaching faculty in “**U.P. INSTITUTE OF MEDICAL SCIENCES**”, Village –DurgaGanj, District – Hardoi.
2. My qualification is as under: -
 - B. Pharm
3. I **Santosh Kumar Yadav** certify that the above consent letter is genuine and True and I understand that providing false information by Principal may result in-
 - a) Action against me under regulation (ix) and (x) of “Minimum Qualification for Teacher in Pharmacy Institution Regulations, 2014”
 - b) Rejection of the application of institution for approval and PCI in no way will be responsible.
4. I **Santosh Kumar Yadav** shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Faculty :

Signature of Principal :

Date :

Signature of Faculty :

Signature of Principal :

Date :